

## REPORTING SAFETY INCIDENTS

1. There are two ways to get to this



- From the **Safety** worklet  click **Report Incident**
- From the **Search Bar**, type **Report Safety Incident**. Open **Report Safety Incident**.

2. Read the instructional text at the top of the page in green, seen below in screenshot.

As you report a safety incident, be sure to complete all of the following sections:

- Reporting Details
- Incident Details
- Click the "Involved Party Section" tab and select "Add"
- Open and enter Name and Contact Information
- Open and enter "Nature of Injury/Illness" - select "Add" and complete "Treatment Disposition"
- Open and enter "Report Details" and answer the last 3 questions in under "Investigation"
- The "Notes" section is optional.
- No need to complete anything in the "Time Lost" sections.
- Use the "Attachment" section for things such as the PSR, photos, eye witness statement(s), vehicle accident reports, etc.

Make sure you answer all fields with an asterisk (\*).

- Fill in **Location**
- Fill in **Reported By** – Typically the employee who is injured
- Fill in **Initially Reported To** – Typically a Manager or Lead Worker
- Fill in **Supervisor on Duty** – This is the employee's direct management
- Enter **Incident/Notification Date and Time**
- Select **Type** from menu
- Fill in **Incident Location**
- Fill out **Summary** with as much detail as possible. Make sure to not use

names, his, or her; but use employee.

### Reporting Details

Location \*

Reported By \*

Initially Reported To \*

Supervisor on Duty \*

### Incident Details

Incident Date and Time \* 03 / 26 / 2019 02 : 00 AM

Notification Date and Time \* 03 / 26 / 2019 02 : 00 AM

Type \*

Incident Location \*

Summary \*

Format B I U A

Notes and Files Involved Parties

### Notes

11. If it is an injury, you need to click **Involved Parties**

- Click the plus next to add **Add**  **Add**

# Safety: Reporting Safety Incidents

## Manager

- b. Use the **worker** field to find employee, after you choose the employee their information will auto-populate in fields below.

Involved Party

▼ **Name and Contact Information**

**Worker**

**First Name** \*

**Last Name** \*

**Phone Number**

- c. Click **Nature of Injury/Illness**

- i. Fill Out **Nature of Injury/Illness**, **Body Part Code/Side** (you can select more than one, if needed), and **Source of Injury**
- ii. Click **Treatment Required** and fill out **Treatment Description**. Make sure to not use names, his, or her; but use employee.

▼ **Nature of Injury/Illness**

**Time Arrived at Work** \* MM / DD / YYYY

**Treatment Required** ☐

**Treatment Description**

- iii. Click the plus sign under **Treatment Disposition**

Treatment Disposition 0 items

	Treatment Disposition	*Treatment Type	*Date
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- (1) Click in the box under **Treatment Type**, select **Health Treatment Types**, and then choose the correct option. – This is the type of facility where treatment was received

Treatment Disposition 1 item

	Treatment Disposition	*Treatment Type	*Date
		<div>search </div> <div>← Health Treatment Types</div> <div><div>911 Responders</div><div>Clinic</div><div>Emergency Room</div><div>Future major medical/lost time</div><div>Hospital</div><div>No medical treatment</div><div>On Site - First Aid</div></div>	


Report Details

Time Lost

Notes

Attachments

- (2) Fill in **Date**
- (3) Click in the box under **Health Facility** and choose the correct option.
- (4) You will need to scroll to the right to fill in **Health Worker** following same steps for **Health Facility** and **Treatment Type** – Most likely the same as the health facility.

*Date	*Health Facility	*Health Worker	Health Worker Role
MM / DD / YYYY 	<input type="text"/>	<input type="text"/>	<input type="text"/>

**d. Click Report Details**

**i. Under the Investigation section fill out:**

- (1) What was the worker doing right before the Incident occurred?
- (2) Describe the facts about the accident in detail
- (3) What preventative measures need to be taken?

Make sure to not use names, his, or her; but use employee.

**12. Click Submit**

The safety team may follow up in case further clarifications are needed.

You can also reach out the safety team in Ames at 515-239-1399 or by email at DOT-safety.